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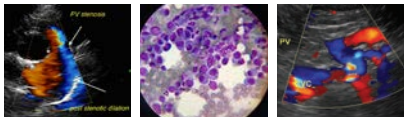

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DATE

8/25/21

PATIENT

Papi Rouk

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8/18/14

WEIGHT

11.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Kats

INVOICE

24928

PRESENTING CLINICAL SIGNS

History: chronic intermittent vomiting of approx. 1 month duration--progressed to diarrhea and hematochezia. Vomiting improved on Cerenia but re occurred once off meds. X-rays and lab work done 1 week ago at EVC and no evidence of obstruction seen at that time.

Current Medications: started 8/23--Cerenia 16mg-- 1/2 t po sid, Tylan powder 1/8 tsp in food bid, and Proviable probiotic.
Lab Results: Hemoconcentration, otherwise unremarkable (Per EVC Records). AMYL 448, PCV/TS: 60%, 6.5. (EVC).
Radiographs: normal serosal detail, no mass effect, stomach empty - contains small amount fluid and gas, no obvious foreign material or ingesta, no significant small intestinal gas pattern, plication, obstructive pattern, or foreign material, colon contains significant volume of gas per EVC records. (Attached separately).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.2 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.1 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. There are numerous small non obstructive nephroliths/mineralizations present. Renal vasculature is normal.

The right kidney has a normal shape and size (3.62 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. There are numerous small non obstructive nephroliths/mineralizations present. One stone measured 0.26 cm. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.28, 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively mildly thickened at 0.2 cm. Sections of colon are visualized with liquid fecal material and gas shadowing distally. There is no observed focal colon wall thickening or loss of layering.

Pancreas
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present (lymph nodes measuring 0.48, 0.42 cm). The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

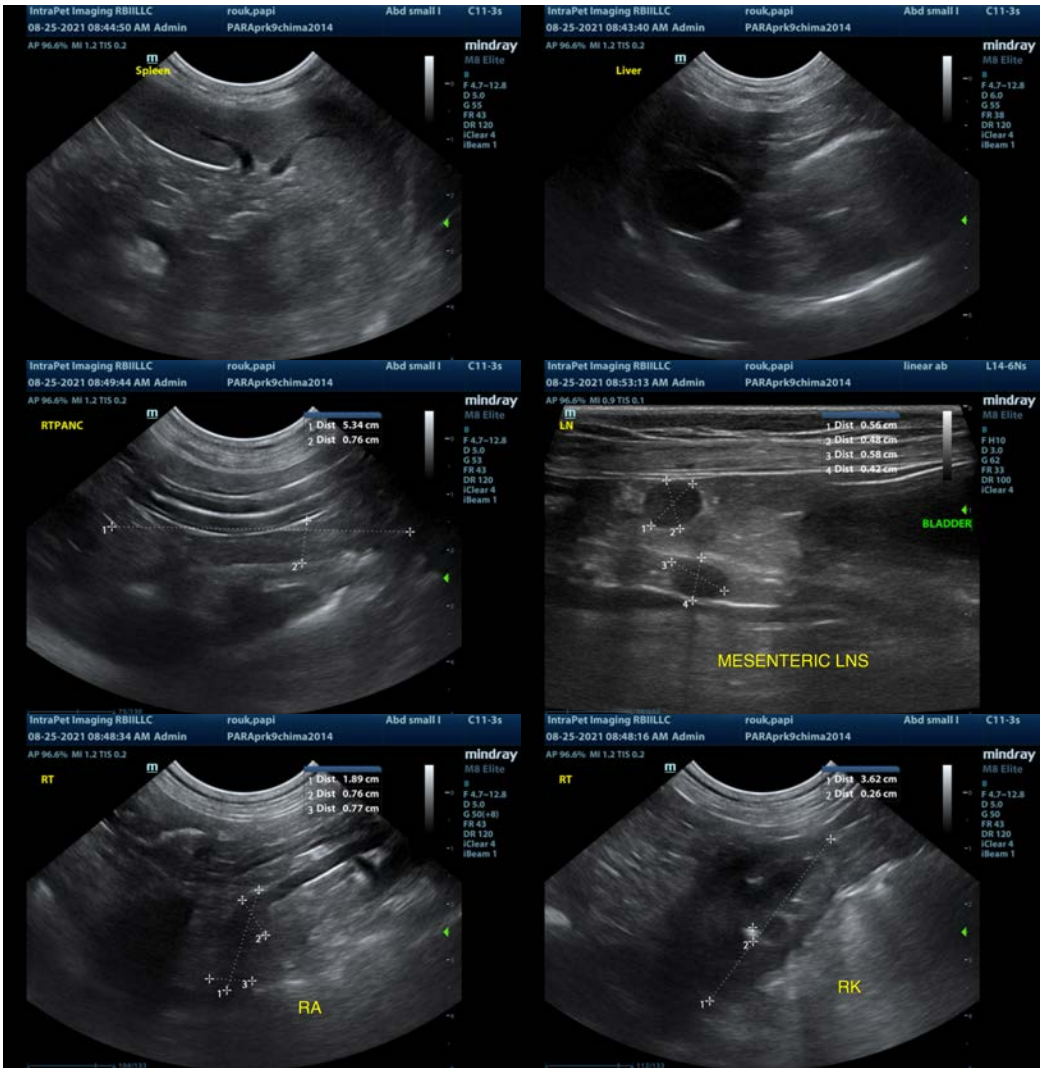
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

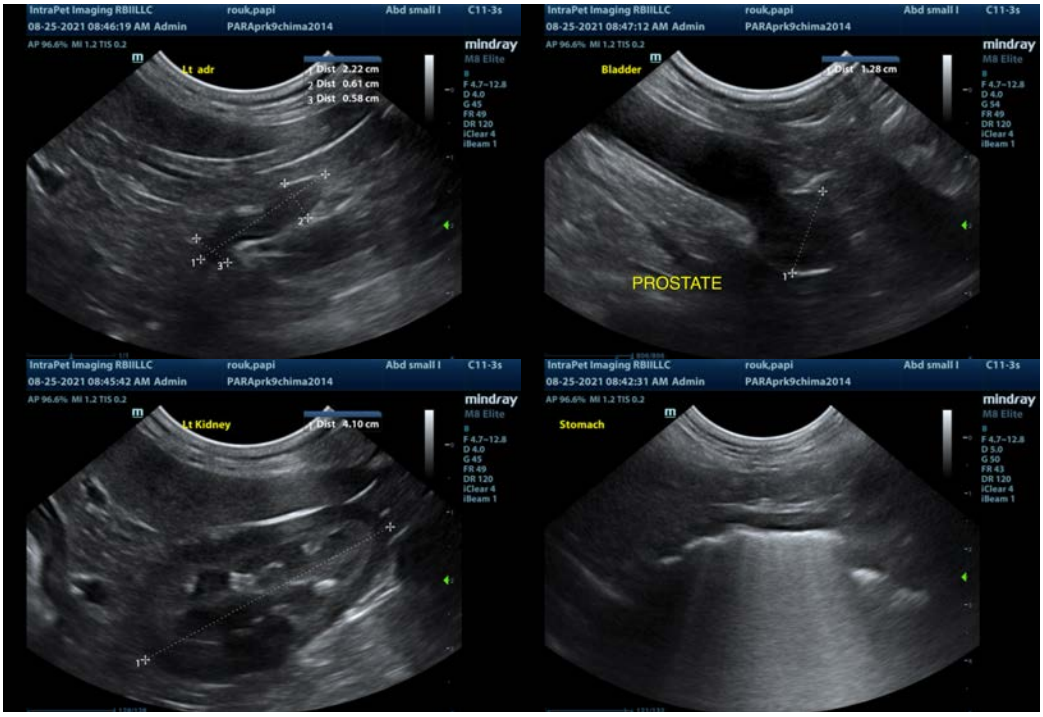
- Mildly thickened colon wall with liquid fecal material

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bowel changes observed are consistent with the history of chronic vomiting and acute hemorrhagic diarrhea. Changes are likely inflammatory or infectious, less likely neoplastic. Additionally, the pancreas appears inflamed, recommend a quantitative PLI, B12 and folate level to look for additional evidence of pancreatitis and small intestinal disease. Due to the chronic intermittent nature, consider further evaluation including diet trial with a low-fat, hypoallergenic diet, and consider obtaining GI biopsies. Additionally, recommend baseline cortisol.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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